

OFFICE OF THE CLERK:

WILLIAMS J. NEALON
MEMORIAL FEDERAL BUILDING &
U.S. COURT HOUSE
235 N.WASHINGTON, AVE,
SCRANTON, Pa. 18501

MONTALBAN JOSE, pro se
plaintiff

v.

POWELL, FNU, et, al.
defendants

" MOTION FOR TO ADD DOCUMENTS
AS "EXHIBITS , ATTACHMENTS "

CIVIL CASE NO: "1:17-cv-212"

" MOTION FOR TO ADD DOCUMENTS
AS "EXHIBITS , ATTACHMENTS "

"I, JOSE MONTALBAN, REG. NO# 11497-179," SEND THIS DOCUMENTS TO THE OFFICE OF THE CLERK, AND THIS HONORABLE COURT, FOR TO ACCEPTED THIS "ATTACHMENTS, EXHIBITS," FOR TO OPPOSITION TO DISMISS THE AMENDED COMPLAINT OR SUMMARY JUDGMENT," FOR THE CIVIL CASE ABOVE,.

* PLAINTIFF ALLGE THAT "HE MADE THE MYSTAKE FOR THE ENVELOPE/LEGAL MAIL, AND WHEN HIM SEND THE CARDBOARD BOX, WITH THE ENVELOPES, HE FORGET IT TO PUT IN INSIDE WITH THE OTHERS,,. PLAINTIFF REQUEST TO ACCEPTED THIS ENVELOPE AND TO ADD AS SUPPLEMENTS FOR THE CIVIL CASE ABOVE,.

*PLAINTIFF STATED THE INSTITUTION USP-1, COLEMAN, FL." WAS PLACED IN LOCK DOWN, STARTED JANUARY/15/2018, ' THROUGH NORMAL OPERATIONS,."

*ALSO, I REQUEST TO THE OFFICE OF THE CLERK, FOR AT STAMPEDD OF THE RECEIVED OF THIS DOCUMENTS FOR AT PERSONAL FILE, "
THANK YOU.

DATED:

JANUARY 29/2018

ccp. MELISSA A. SWAUGER
/s/ ASSISTANT U.S. ATTORNEY

RESPECTFULLY SUBMITTED BY:

MONTALBAN JOSE, pro se
REG. NO# 11497-179
FEDERAL CORRECTIONAL COMPLEX
USP 1, COLEMAN /p.o. box 1033
K-UNIT /COLEMAN, FL. 33521

FILED
SCRANTON

FEB 05 2018

PER [Signature]
DEPUTY CLERK

** PLAINTIFF ALLEGE THAT (FIGGSGANTER)) IS AT (ATTORNEY ADVISOR) ST
AT (LEWISBURG " AT IS EMPLOYEE OF THE [FBOP] AND ~~THE~~ DECLARATION
IS SUPPOST TO TAKE AS AT "AFFIDAVITTS",

** IN HIM DECLARATION OF (FIGGSGANTER)) SHE MADE VERY CLEAR THE
STEPS TO NEED IT TO MAKE THE INMATE (MONTALBAN) WITH RESPECT TO
ADMINISTRATIVE REMEDYS GRIEVANCES BY THE POLICY OF [FBOP]

** POINT NUMBER # 1 = " IF THE TIME PERIOD FOR THE RESPONSE TO A
REQUEST OR APPEAL", IS INSUFFICIENT TO MAKE AN APPROPRIATTE DECISION
THE TIME FOR RESPONSE MAY BE EXTENDED ONCE BY (20) CALENDARS DAYS
AT THE INSTITUTION LEVEL, (30) DAYS AT THE REGIONAL LEVEL OR (20)
DAYS AT THE CENTRAL OFFICE LEVEL,,.

** STAFF SHALL INFORM THE INMATE OF THIS EXTENSION IN WRITTING."

** IF AN INMATE DOES NOT RECEIVED A RESPONSE WITHIN THE TIME ALLOTTED
FOR AT REPLAY, INCLUDING AN EXTENSION, THE INMATE MAY CONSIDER THE
"ABSENSE" OF A RESPONSE TO BE A "DENIAL", AND MAY "APPEAL" TO THE NEXT
LEVEL,."

** POINT NUMBER # 2 = " THE ADMINISTRATIVE REMEDY COORDINATOR AT ANY
LEVEL (e,g. Institution, Region, or Central Office) MAY REJECT AND
RETURN TO THE INMATE WITHOUT A "RESPONSE" A REQUEST OR "APPEAL" FOR
A NUMBER OF REASONS. "WHEN A SUBMISSION IS REJECTED, THE
INMATE WILL BE PROVIDED A "WRITTEN NOTICE" EXPLAINING THE REASONS
FOR THE REJECTION,. " IF THE DEFECT ON WICH THE REJECTION IS BASED
IS CORRECTABLE, THE NOTICE WILL INFORM THE INMATE A REASONABLE TIME
EXTENSION WITHIN WICH TO CORRECT THE DEFECT AND RESUBMITT THE REQUEST
OR "APPEAL",,.

** PLAINTIFF ALLEGE THAT THE "FIRST STEP OF THE ADMINISTRATIVE REMEDY PROCEDURE IS TO ATTEMPT AN INFORMAL RESOLUTION (BP-8) CONTACT YOUR COUNSELOR FOR THOSE FORMS,. "IF THE ISSUE CANNOT BE INFORMALLY RESOLVED,THE COUNSELOR WILL ISSUE A (BP_9) FORM. "THE INMATE WILL RETURN THE COMPLETED (BP_9) TO THE COUNSELOR. "THE (BP-9) COMPLAINT MUST BE FILED WITHIN TWENTY(20)CALENDAR DAYS FROM THE DATE ON WICH BASIS FOR THE INCIDENT OR COMPLAINT OCCURED, UNLESS IT WAS NOT FEASIBLE TO FILE WITHIN THAT TIME PERIOD,. "INSTITUTION STAFF ORDINARILY HAVE TWENTY(20) CALENDAR DAYS TO ACT,. ON THE COMPLAINT AND TO PROVIDE A WRITTEN RESPONSE TO THE INMATE, "THIS TIME LIMIT FOR THE RESPONSE MAY BE EXTENDED FOR AN ADDITIONAL TWENTY(20) CALENDAR DAYS AND THE INMATE WILL BE "NOTICED" OF THE "EXTENSION", "WHEN A COMPLAINT IS DETERMINED BY THE WARDEN TO BE OF AN EMERGENCY NATURE" AND THREATENS THE INMATE'S IMMEDIATE HEALTH OR WELFARE THE REPLY MUST BE MADE AS SOON POSSIBLE AND WITHIN FORTHY-EIGHT (48) HOURS FROM THE RECEIPT OF THE COMPLAINT,, "

**** SENSITIVE COMPLAINT ****

" IF"AN INMATE BELIEVE A COMPLAINT IS OF SUCH A "SENSITIVE NATURE" THAT HE WOULD BE ADVERSELY AFFECTED "IF"THE COMPLAINT BECAME KNOWN TO THE INSTITUTION,HE MAY FILE THE COMPLAINT DIRECTLY TO THE "REGIONAL DIRECTOR",THE INMATE MUST EXPLAIN IN WRITING "THE REASONS FOR NOT FILING THE COMPLAINT WITH THE INSTITUTION,, "

"IF"THE REGIONAL DIRECTOR"AGREES THAT THE COMPLAINT IS "SENSITIVE" IT SHALL BE ACCEPTED AND A "RESPONSE"TO THE COMPLAINT WILL BE PROCESSED "IF" THE REGIONAL DIRECTOR" DOES NOT AGREE THAT THE COMPLAINT IS "SENSITIVE"THE INMATE WILL BE "ADVISED IN WRITING OF THAT DETERMINATION "THE INMATE MAY THEN PURSUE THE MATTER BY FILING A (BP_9)AT THE "INSTITUTION,, "

**** PAGE # 61 - 81 ** PROBLEM RESOLUTIONS ****
**** FCC-COLEMAN _ USP-1 ** ADMISSION AND ORIENTATION***
**** REVISED : FEBRAURY, 2017 ****

** WHEN DECIDING WHETHER A PRISONER HAS EXHAUSTED HIS REMEDIES THE COURT "SHOULD FIRST CONSIDER THE PLAINTIFF'S AND THE DEFENDANTS VERSIONS OF THE FACTS AND "IF" THEY CONFLICT TAKE THE VERSION OF THE "FACTS AS TRUE "IF" IN THAT LIGHT,, "

** THE DEFENDANTS CONTEND THAT (MONTALBAN) "FAILED" TO EXHAUST HIS ADMINISTRATIVE REMEDIES WITH RESPECT TO EITHER OF THE CLAIMS IN THE COMPLAINT ,, IN SUPPORT THEY HAVE SUBMITTED THE DECLARATION OF:

(FIGGSGANTER ', (ATTORNEY ADVISOR) AT USP LEWISBURG attachment to wich is a printout of (montalban) Complete administrative remedy history (Documents) in Chronological order through (DATED:

* IN HIM DECLARATION (FIGGSGANTER) STATES THAT HE HAS EXAMINED THOSE ADMINISTRATIVE REMEDIES REQUEST FILED BETWEEN (DATE: OCTOBER/ /23/2015 OF THE FIRST ISSUE AN THE DATE: " ~~FEB~~ /03/2017 " WHEN THE COMPLAINT WAS FILED IN THIS CASE. " HE HAS IDENTIFIED A LIST OF (¹⁶ NUMBERS) FULLY EXHAUSTED ADMINISTRATIVE REMEDIES REQUEST FILED AFTER (FIRST DATED: "OCTOBER/23/2015) (NOVEMBER/02/2015)

" (FIGGSGANTER) DECLARATION DOES NOT ADVISE HOW HE DETERMINE THAT THESE ADMINISTRATIVE REMEDYS REQUESTS WERE EXHAUSTED OR HOW HE DETERMINED THAT "ORDER", UNLISTED REQUEST WERE NOT EXHAUSTED", ,

* A COMPARISON OF THE LIST OF (¹⁶ NUMBERS) FULLY EXHAUSTED "REQUESTS IDENTIFIED BY (FIGGSGANTER) AND THE FULLY LIST OF (MONTALBAN) ADMINISTRATIVE REMEDYS REQUEST REVEALS THAT SEVERAL OF THE REQUESTS " HE IDENTIFIED CONCERN EVENTS THAT THE PREDATE THE (DATED: NOCTOBER/ / 23/2015 " "INCIDENTS CONSIDERABLY REQUESTS; THIS APPEARS TO HAVE BEEN INITIALLY SUBMITTED TO THE WARDEN IN (DATED: "OCTOBER/20/2015 November/20/2015) REQUEST No: "UNKNOWN TO INMATE" DONT ANSWERED " THE COMPLAINT FOR THE WRADEN OFFICE, "IMPEDED INMATE TO ANOTHER LEVEL"

**MOREOVER, IN REVIEWING THE COMPLETE LIST THERE ARE SEVERAL ADMINISTRATIVE REMEDY REQUEST FILED CLOSE IN TIME TO THE (DATED: (JANUARY/11/2016) INCIDENTS THAT ARE OMITTED FROM ~~THE~~, (FIGGSGANTER) SHORT LIST,, (MEDICAL CARE)(ASSAULT BY STAFF)

** THE INCIDENTS AND ITS SUBSEQUENT PRESENTATION AT ALL LEVELS OF THE ADMINISTRATIVE REVIEW PROCESS, SUGGEST THAT THE SUMMARY OF THE ADMINISTRATIVE REMEDY REQUEST SET FORTH IN (FIGGSGANTER) DECLARATION IS LESS THAN COMPREHENSIVE AND NOT ENTIRELY "RELIABLE" AS "EVIDENCE IN SUPPORT OF THE DEFENDANTS "FAILURE-TO-EXHAUST-DEFENSE

** THIS IS FURTHER UNDERSCORED BY THE SUBSTANCE OF THE "ONLY ADMINISTRATIVE REMEDY REQUEST FILE THAT HAS BEEN SUBMITTED INTO THE RECORDS BY THE DEFENDANTS FOR AT CONSIDERATION ON SUMMARY JUDGMENT,, IN THE SUPPORT OF HIS DECLARATION (FIGGSGANTER) HAS ATTACHED A COPY OF PAPERS THAT DOCUMENTS SOME OF THE ADMINISTRATIVE PROCEEDING ON ANOTHER OF (MONTALBAN) REMEDY REQUEST(COLEMAN(BP-9)"STAFF COMPLAINT"

"WICH (FIGGSGANTER) HAS ASCERTAINED TO BE AT ISSUE IN THIS CASE

(MONTALBAN) DATED ON: "DENIED OF PROPERTY)(STAFF COMPLAINT) NOVEMBER/05/2015" "REJECTION OF NOTICE "UNTIMELY REQUEST" (JULY/2014)

" (MONTALBAN) SUBMITTED THIS REMEDY REQUEST TO THE WARDEN COMPLAINING (BP-9) DAYS LATER (ON NOVEMBER/02/2015)) TO THE WARDEN WARDEN PROVIDED AN INFORMATIONAL RESPONSE ADVISING (MONTALBAN) THAT PRIOR REQUESTS ~~HAD~~ ALL BEEN REJECTED AS UNTIMELY, "CURIOUSLY", THE COMPREHENSIVE "INDEX" OF ADMINISTRATIVE REMEDY REQUESTS SUBMITTED BY THE DEFENDANTS DOCUMENTS DIFFERENT DATES, LOGGING THIS REQUEST AS HAVE BEEN RECEIVED AT THE FACILITY LEVEL ON (NOVEMBER/02/2015) AND REJECTED OR DENIED SIX DAYS LATER ON (NOVEMBER/05/2015)

** PLAINTIFF ALLEGE THAT THE "NOTICE OF THE REJECTION FOR THE PART OF NORTHEASTH REGIONAL OFFICE,"AS FOLLOW:

** [849260-R1] "STAFF MISCONDUCT" [REJECTED ON DATE:JANUARY/22/2016]

** [849264-R1] " REQUEST FOR MEDICAL TREATMENT" [REJECTED ON DATED:
[JANUARY/22/2016]

*** NOTICE OF THE REJECTION "WRONG REGIONAL OFFICE",YOU NEED TO BE RESUBMITTED IN THE CORRECT REGION,, "

** NORTHEASTH REGIONAL OFFICE, EACH OF THESE REMEDIES WERE REJECTED" ON [JANUARY/22/2016] "INMATE (MONTALBAN) WAS INFORMED THESE REMEDIES WERE SUBMITTED IN THE WRONG REGION,

* " THERE IS NOT RECORD THAT HE RESUBMITTED THESE REMEDIES IN THE APPROPRIATTE REGION,, " HE "FAILED TO EXHAUST THIS ISSUE,"

* PLAINTIFF ALLEGE THAT THE (FIGGSGANTER)) " PUT IN THE SHORT LIST OF THE (16 ADMINISTRATIVE REMEDIES) WHEREVER HE WANT IN SHORT MANNER FOR TO SHOWING"THE WRONG" DELIIVERED OF THE ADMINISTRATIVE REMEDIES TO INMATE (MONTALBAN) SEND TO THE NORTHEASTHREGIONAL OFFICE [AND THE SOUTEASTHREGIONAL OFFICE] and later to [CENTRAL OFFICE],,,

** PLAINTIFF CAN "PROVE" THAT THE ADMINISTRATIVE REMEDIES SEND TO THE DIFFERENTS REGIONALS [SOUTEASTH & NORTHEASTH[AND LATER [CENTRAL OFFICE] 'was DUPLICATED FOR TO THE DIFFERENTS REGIONALS AS TO THE CENTRAL OFFICE," AND THE ALLEGEDLY "RELIEF"INMATE (MONTALBAN) PURSUIT TO REDDRESS FOR THE VIOLATIONS OF HIS CONSTITUTIONAL RIGHTS,,."

** (FIGGSGANTER) IS AT EMPLOYEE OF THE [FBOP] AND HE MADE THE SHORT LIST OF THE "FULLY ADMINISTRATIVE REMEDIES EXHAUSTED,"AND THE ALLEGE ADMINISTRATIVE REMEDIES UNEXHAUSTED",,

"BUT MR FIGGSGANTER)MENTIONED SOME ADMINISTARTIVE REMEDIES BEFORE THE THE USP CANNAN,Pa. " AND THE ISSUE MATTERS HERE,IN THIS CIVIL CASE IS RIGHT KNOW AT USP-1,COLEMAN,FL." AND ADMINISTRATIVE REMEDIES,,."

** REMEDY NUMBER # I.D.[840409-F1] " DELIVERED TO THE UNIT TEAM AT B-UNIT] " ALLEGIN THAT HE HAD UNRESOLVED MEDICAL ISSUE WITH HIS "LEFT SHOULDER", AND ALLEGELY LOST HIS PERSONAL PROPERTY AND THE LEGAL MATERIALS,DOCUMENTS,.. [OCTOBER/23/2015]

** NOTICE OF THE REJECTION [OCTOBER/28/2015] "THIS REMEDY WAS REJECTED [OCTOBER/28/2015] THE REJECTION CODE",INDICATE THAT THE REMEDY WAS REJECTED BECAUSE THE INMATE "RAISED MORE THAN ONE ISSUE "WHEN HE IS ONLY ALLOWED TO RAISE ONE ISSUE PER REMEDY (MLT),."

" IT IS ALSO REJECTED BECAUSE INMATE FAILED" TO PROVIDE SPECIFIC INFORMATION AS TO HIS ALLEGATIONS AND HOW IT RELATED TO HIS CONFINEMENTS (MSI),.

** REMEDY NUMBER # I.D.[840409-F2] " (NOVEMBER/02/2015)' "LOST OF PROPERTY AT USP- CANNAN,Pa.' " FROM THE RECORD IT APPEARS HE PROVIDED ADDITIONAL INFORMATION INDICATING THE ISSUE HE SOUGHT RELIEF" FROM OCCURRED IN (JULY/2014) "THIS RESUBMITTED REMEDY WAS THE REJECTED AS"UNTIMELY" (UTF) BOP)POLICY STATES THAT AN INMATE HAS TWENTY(20) DAYS CALENDARS FROM THE DATE OF THE INCIDENT TO FILE HIS REMEDY AND HE "FAILED" TO DO SO.." IT APPEARS THAT THE REMEDY WAS FILED UNTIMELY" EVEN IF YOU RELATE THE DATE BACK,"TO THE ORIGINAL DATE ,HE FILED THE INITIAL RMEDY,." THE INMATE NEVER FILED AN APPEAL" TO THE REGIONAL OR CENTRAL OFFICE,,." [DATED OF THE REJECTION(NOV/05/2015]

** PLAINTIFF ALLEGE THAT (FIGGSGANTER) MADE THE WRONG",SHORT LIST FOR THE ADMINISTRATIVE REMEDIES FOR THE "SOUTEASTH REGIONAL OFFICE] as at FOLLOW:

* [848746-R1] [JANUARY/11/2016]"DELIVERED"
[JANUARY/19/2016] "REJECTED","HE ALLEGDLY THAT HE WAS DENIED HIS PROPERTY",
" WAS REJECTED THE SAME DAY [JANUARY/19/2016] "THE REJECTION WAS THAT THE ISSUE "RAISED" WAS NOT A "SENSITIVE" ISSUE AS HE CLAIMED", WICH REQUIRED HIM TO REFILE HIS CLAIMS AT THE "INSTITUTION LEVEL.
" THERE IS NOT RECORD,HE FILED AN APPEAL AFTER THIS REJECTION",.

** [848748-R1] [JANUARY/11/2016] "DELIVERED"
[JANUARY/'unknown DATED TO THE INMATE"
** DEALT WITH AN ALLEGED "STAFF ASSAULT"

** PLAINTIFF ALLEGE THAT .(FIGGSGANTER . " DELIVERATE MADE THE SHORT LIST.AS TO INMATE (MONTALBAN) FAILED TO EXHAUST ADMINISTRATIVE REMEDIES IN THE RIGH TIME,AND SUBMITTED TO THE SOUTEASTH REGIONAL OFFICE,." " BOTH REMEDIES [848748-R1][848746-R1] "WAS DUPLICATED AT THE MOMENT INMATE (MONTALBAN) DELIVERED TO THE NORTEASTH REGIONAL OFFICE,." IF" (FIGGSGANTER) DONT PUT IN THE SHORT LIST OF THE (16) ADMINISTRATIVE REMEDIES INMATE (MONTALBAN) SUBMITTED TO THE THREE LEVELS [INSTITUTION,REGIONS(SOUTEASTH & NORTEASTH)(CENTRAL OFFICE) HE STATED IN HIM:"DECLARATION" OF"AFFIDAVITTS" "FAILURE-TO-EXHAUST" IN DEFENDANTS DEFENSE FOR THE COMPLIANT OF INMATE (MONTALBAN),,."

** [849260-R1] "STAFF MISCONDUCT"

** [849264-R1] "REQUEST FOR MEDICAL TREATMENT"

* BOTH ADMINISTRATIVE REMEDIES SEND TO THE NORTEASTH REGIONAL OFFICE
**PLAINTIFF ALLEGE THAT HIM SEND THE ADMINISTRATIVE REMEDIES TO THE "SOUTHEASTH REGIONAL OFFICE (REQUEST FOR MEDICAL TREATMENT) AND THE (STAFF ASSAULT) " AND NEVER HAVE THE"NOTICE OF REJECTION" IN TIME. in the right time by the policy of [FBOP]./

** PLAINTIFF ALLEGE THAT (FIGGSGANTER) MADE THE "WRONG SHORT LIST" WITH THE REFERENCE OF THE ADMINISTRATIVE REMEDIES FOR THE CENTRAL OFFICE (BP-11) AS TO FOLLOW:

** REMEDY [848748-A1] "DELIVERED[APRIL/18/2016]
[MAY/10/2016] 'REJECTED", DENIED OF PROPERTY
WITH NOT REMARKS, INMATE NOTICE UNKNOWN

* WAS RECEIVED BY THE [BOP] AT CENTRAL OFFICE LEVEL ON [APRIL/25/
/2016] " INMATE (MONTALBAN) ALLEGE THAT HE WAS DENIED HIS PROPERTY

" THE REMEDY WAS REJECTED [MAY/10/2016] BECAUSE THE REMEDY WAS
FILED AT THE WRONG LEVEL BASED ON THE ALLEGATIONS MADE IN THE REMEDY
"THE REJECTION CODE ALSO INDICATES HE SHOULD "FOLLOW THE DIRECTIONS
PROVIDED ON PREVIOUS REJECTIONS NOTICES,."

** REMEDY [848748-A1] "DELIVERED [APRIL/18/2016]

[MAY / 10 /2016] " REJECTED", STAFF ASSAULT"
"DEALT WITH AN ALLEGED "STAFF ASSAULT""DENIED BY THE BOP
"WITH NOT REMARKS, NOTICE TO INMATE "UNKNOWN"

** PLAINTIFF ALLEGE THAT (FIGGSGANTER) "NEVER EXPLAINED HOW SHE
FINDS THE ADMINISTRATIVE REMEDIES WERE "FULLY EXHAUST" AND TO HOW
THE ADMINISTRATIVE REMEDIES WERE NOT "FULLY EXHAUST" UNDER THE (PRLA)
OR POLICY BY THE [FBOP]

** PLAINTIFF ALLEGE THAT HIM "NEVER HAVE OR RECEIVE THE "NOTICE OF
REJECTION" FOR THE CENTRAL OFFICE IN THE RIGHT TIME BY POLICY OF [FBOP]
' UNKNOWN DATE TO AT INMATE FOR AT "REPLAY THE"REJECTION"

** (MONTALBAN) FILED AN ADMINISTRATIVE APPEAL TO THE REGIONAL DIRECTOR ON (JANUARY/11/2016) "WICH WAS LOGGED IN THE COMPRENSIVE "INDEX" AS HAVING BEEN RECEIVE,."

** ON ("UNKNOWN DATE TO PLAINTIFF)(2016) THE REGIONAL DIRECTOR DENIED (MONTALBAN) ADMINISTRATIVE APPEAL,,"

** ON (APRIL/18 /2016) (MONTALBAN) FILED AT ADMINISTRATIVE APPEAL TO THE BOP"s GENERAL COUNSEL ,,

** ON ("UNKNOWN DATE TO PLAINTIFF)(2016) THE BOP"S GENERAL COUNSEL denied \$montalban form ADMINISTRATIVE APPEAL,,"

** AS THE COURT PREVIOUSLY NOTED , "FAILURE" TO EXHAUST ADMINISTRATIVE REMEDIES, IS AN AFFIRMATIVE DEFENSE THAT MUST BE PROVEN BY THE DEFENDANTS,,"

** THE DEFENDANTS CLAIMS THAT (MONTALBAN) HAS "FAILED" TO EXHAUST AVAILABLE ADMINISTRATIVE RMEDIES WITH RESPECT TO (DATED:DECEMBER/28/ /2012') INCIDENTS, BUT THE COMPRENSIVE "INDEX" OF (MONTALBAN) ADMINISTRATIVE RMEDYS REQUESTS SUBMITTED BY THE DEFENDANTS THEMSELVES IN SUPPORT OF THEIR MOTION FOR SUMMARY JUDGMENT", SUGGEST THAT (MONTALBAN) FILED AT LEAST , POTENTIALLY RELEVANT ADMINISTRATIVE REMEDY REQUEST LABELED "STAFF ASSAULT" "REQUES FOR MEDICAL TREATMENT WITHIN TWO YEARS OF LIMITATION)(OCTOBER/20/2015)(BP-8)(BP-9)] "AND THAT HE SUBSECUENTLY FILED ADMINISTRATIVE APPEAL AT ALL LEVELS OF THE [BOP] ADMINISTRATIVE REMEDYS PROCESS,,"

** (MONTALBAN) HAS NOT HAD THE OPPORTUNITY TO CONDUCT ANY "DISCOVERY" INTO THIS MATTER AS YET,,"

"ADMINISTRATIVE REMEDYS GRIEVANCES AS"ATTACHMENTS"

** [840409-F1][October/23/2015] "DELIVERED" AT USP-1,COLEMAN,FL.
[October/28/2015]" REJECTION,DENIED"

** [840409-F2][November/02/2015]"DELIVERED" AT USP-1,COLEMAN,FL.
[November/05/2015] "REJECTION UNTIMELY"

** [849260-R1][JANUARY/11/2016][DELIVERED" NORTEASTH REGIONAL OFFICE
[JANUARY/19/2016]" REJECTED",WITH REMARKS"WRONG
REGION," STAFF MISCONDUCT"

** [849264-R1][JANUARY/11/2016][DELIVERED"NORTEASTH REGIONAL OFFICE
[JANUARY/19/2016]" REJECTED",WITH REMARKS,WRONG
REGION", "REQUEST FOR MEDICAL TREATMENT"

** [848746-R1][JANUARY/11/2016] "DELIVERED"SOUTEASTH REGIONAL OFFICE
[JANUARY/19/2016] "REJECTED",WITH NOT REMARKS,"AND
"DENIAL OF PROPERTY","UNKNOWN TO INMATE NOTICE OF THE
REJECTION,"

** [848748-R1][JANUARY/11/2016] "DELIVERED"SOUTEASTH REGIONAL OFFICE
[JANUARY/19/2016] "REJECTED",WITH NOT REMARKS,"AND
"ALLEGE STAFF ASSAULT","UNKNOWN TO INMATE,NOTICE OF
REJECTION,, "

**[848748-A1] [APRIL/18/2016] "DELIVERED" CENTRAL OFFICE"
[APRIL/20/2016] "REJECTED" WITH NOT REMARKS,"AND
"ALLEGE STAFF ASSAULT","UNKNOWN TO INMATE NOTICE OF THE
REJECTION,, "

** [848746-A1][APRIL/18/2016] "DELIVERED" CENTRAL OFFICE"
[MAY /10/2016]" REJECTED",WITH NOT REMARKS,AND"
"ALLEGE DENIAL OF PROPERTY","UNKNOWN TO INMATE NOTICE
OF THE REJECTION,, "

** PLAINTIFF ALLEGE THAT MR(FIGGSGANTER) NEVER MENTIONED THE REMEDIES
PLAINTIFF SEND TO THE SOUTEASTH REGIONAL OFFICE (STAFF ASSAULT) AND
(REQUEST FOR MEDICAL TREATMENT) AS DUPLICATIVE FOR THE NORTEASTH
REGIONAL OFFICE ",AND THIS REGIONAL SEND BACK TO INMATE (MONTALBAN) THE
"NOTICE OF THE REJECTION" AS POLICY BY THE [FBOP],,.

** NEVER MENTIONED THE ADMINISTRATIVE REMEDIES AT USP-1,COLEMAN,FL
(BP-9) TO THE WARDEN OFFICE"(STAFF ASSAULT""REQUEST FOR AT MEDICAL CARE)
TREATMENT,) (DATED:OCTOBER/20/2015] AND ANOTHER (BP-9) [DATED: NOVEMBER
/20/2015] to the warden office (REQUESTING AT ANSWER FOR THE PREVIOUS

ATTACHMENT

** THE PERSONNEL OF USP-1, COLEMAN, FL. " INCLUDING THE UNIT MANAGER MR. HUETT, "COUNSELOR, MR. PHILLIPS AT H-UNIT , (BP-8) AND LATER THE (BP-9) WITH THE ALLEGE MR. MILLER (ASSOCIATE WARDEN) ACTING AT THAT TIME (JUNE/16/2016) AND LATER THE WARDEN (MS. TAMYRA JARVYS) ITSELF SEND ME AT INMATE TRULINK E-MAIL (JULY/16/2016) THE SAME ANSWER OF THE (MR. MILLER (A.W.)) BUT "THEY NEVER ANSWER THE (BP-9) BY THE POLICY OF [BOP] AND THE OPPORTUNITY TO OBTAIN AT (I.D. CASE NUMBER FOR TO PROCEED TO AT HIGHER LEVEL TO THE SOUTEASTH REGIONAL OFFICE BY THE POLICY OF [BOP],, so they "IMPEDED, THWARTED, DENIED THE OPPORTUNITY TO OBTAIN ADMINISTRATIVE REMEDIES GRIEVANCES REQUEST FOR THE MISCONDUCT OF STAFF. [COUNSELOR MR. PHILLIPS AT H-UNIT "CHALLENGE PROGRAM",,

** PLAINTIFF ALLEGE THAT THE DEFENDANTS "CONFISCATED, THWARTED, LOST, DESTROYED, HIDE & SEEK," AND "TRICKERY INMATE (MONTALBAN) TO BELIEVE THE DOCUMENTS THEY WANT TO SIGNED ON DATED: [JUNE/10/2016] WAS LEGAL MAIL: AND LATER THEY CAN JUSTIFIED THEY PROVIDE WITH THE ADMINISTRATIVE REMEDIES NOTICE OF REJECTION IN THE RIGHT TIME OF THE SOUTEASTH REGIONAL OFFICE OR NORTEASTH REGIONAL OFFICE OR CENTRAL OFFICE AND THE FEDERAL COURT OF OCALA, FL. "LEGAL MAIL" "REGULAR MAIL", AND DENIED THE ACCESS TO THE COURTS, "RETALIATION, VIOLATIONS OF CONSTITUTIONAL RIGHTS OF INMATE (MONTALBAN), ,".

**AFTER FIVE(5) MONTHS LATER OF THE NOTICE OF REJECTION FOR THE SOUTEASTH REGIONAL OFFICE , ,"

** MOREOVER THE ONE ADMINISTRATIVE REQUEST FILE THAT WAS SUBMITTED FOR THE RECORD PERTAINING TO (JUNE/10/2016)(BP-8)(BP-9) TO THE COUNSELOR PHILLIPS AT "H-UNIT CHALLENGE PROGRAM",.

* ALLEGES THAT (MONTALBAN) ENCOUNTER OBSTRUCTIVE CONDUCT BY CERTAIN [BOP] EMPLOYEES, "IMPEDING,OBSTRUCTED,THWARTED,CONFISCATED,"HIM FROM EXHAUSTING ADMINISTRATIVE REMEDIES AND THE COMPRENSIVE "INDEX" SUGGEST THE FILING OF SEVERALS OTHERS GRIEVANCES ALLEGING STAFF INTERFERENCES OR "MISCONDUCT"WITH RESPECT TO THE ADMINISTRATIVE REMEDIES PROCESS,,."

* THE PREDATE THE (JUNE/10/2016)(BP-8)(BP-9) "INCIDENTS CONSIDERABLY REQUESTS FOR THE "CONFISCATION,THWARTED,IMPEDE,HIDE & SEEK,WITH THE LEGAL MAIL,REGULAR MAIL,"SOUTEASTH REGIONAL OFFICE,NORTEASTH REGIONAL OFFICE,CENTRAL OFFICE IN WASHIGNTON D.C.".ATTORNEY MAIL:GINO BARTOLAI. "FEDERAL COURT OF OCALA,FL. "CIVIL CASE NO: 5:15-cv-635-oc-10prl'. (OBSTRUCTION FOR THIS ACCESS TO THE COURT AND LATER DISMISS THE CASE) ATTACHED COPYS".

MOREOVER IN REVIEWING THE COMPLETE LIST THERE ARE SEVERAL ADMINISTRATIVE REMEDYS REQUEST FILED CLOSE IN TIME TO THE INCIDENTS THAT ARE OMMITED FROM (CAIXA SANTOS) "SHORT LIST,,."

" THIS IS FURTHER UNDERScoreD BY THE SUBSTANCE OF THE "ONLY THE ADMINISTRATIVE REMEDYS REQUEST FILE":THAT HAS BEEN SUBMITTED BY INMATE (MONTALBAN) AND WITH NOT RESPONSE BY THE WARDEN OFFICE,ONLY BY THE "ASSOCIATTE WARDEN MY MILLER (june/16/2016) "HE WAS ACTING AS WARDEN IN THAT TIME (MS,TAMIRA JARVYS] warden) SHE WAS NOT THERE IN THE USP-1,COLEMAN, FL. in that time of the INCIDENTS WITH THE STAFF MEMBER". "BUT INMATE (MONTALBAN) CHALLENGE IS "IF" THE ACTING WARDEN WAS MR. MILLER", IN THAT TIME "WHY HE DONT RESPOND TO THE inmate (MONTALBAN) (BP-9) (JUNE/16/2016) "ATTACHED COPY""

**GIVEN THE FOREGOING THE COURT CONCLUDES THAT THROUGH HIS PURSUIT OF GRIEVANCES No: (

PLAINTIFF EXHAUSTED THE ADMINISTRATIVE REMEDIES AVAILABLES TO HIM WITHIN THE MEANING OF 42 U.S.C. § 1997e(a). " AS INITIAL MATTER THE "FAILURE" OF PRISONS OFFICIALS TO SEE IT THAT PLAINTIFF RECEIVED THE WARDEN DECISION WITHIN THE TIME PERIOD PRESCRIBED BY THE USP-1, COLEMAN, FL. "GRIEVANCE PROCEDURE "COMPELS A FINDING THAT PLAINTIFF "SATISFIED THE EXHAUSTION REQUIREMENTS IMPOSED UPON HIM BY THE STATUTE

AS OTHERS COURTS FACED WITH SIMILAR FACTS HAVE HELD THE "FAILURE" OF PRISONS OFFICIALS TO ACT ON A GRIEVANCES IN ACCORDANCES WITH THE GUIDELINES ANNOUNCED IN THEIR OWN OPERATIONS PROCEDURES SUSTAIN A "FINDING OF EXHAUSTION UNDER THE "PRBA",,

SEE [e,g. POWE V. ENNIS) 177 F.3d.393,394(5th Cir.1999) " A VALID PRISONER'S ADMINISTRATIVE REMEDIES ARE "DEEMED EXHAUSTED WHEN A VALID GRIEVANCES HAS BEEN FILED AND THE STATES TIME FOR RESPONDING THERETO HAS EXPIRED,,."

** INDEED IN ANOTHER CASE BY PLAINTIFF THIS COURT HAS UNAMBIGUOUSLY HELD THAT THE "FAILURE" OF DEFENDANTS TO NOTIFY AN INMATE OF THE DENIAL OF HIS GRIEVANCES WITHIN THE APPROPRIATE TIME ESTABLISHES THE RIQUISITE "EXHAUSTION UNDER 42 U.S.C. § 1997e(a),,,

SEE [DAKER V. WETHERINGTON] No: 1:01-cv-3527 rws, slip op. at 6-7 (N.D.Ga. Dec.23,2002)

* * * *

SEE [MILLER V. NORRIS] 247 F.3d. 736,740 (8th Cir. 2001]

(IN CONTEXT OF PRLA EXHAUSTION CHALLENGE RECOGNIZED THAT "AVAILABLE" MEANS IMMEDIATELY UTILIZABLE() "AND HELD "WE BELIEVE THAT A REMEDY THAT PRISON OFFICIALS PREVENT PRISONER FROM UTILIZING) IS NOT AN AVAILABLE REMEDY UNDER 42 U.S.C. § 1997e(a)

** THE EVIDENCE OF RECORD DEMONSTRATE THAT AS OF THE DATE PLAINTIFF FILED THIS LAWSUIT HE HAD EXHAUSTED ALL ADMINISTRATIVE REMEDIES AVAILABLES TO HIM WITHING THE MEANING OF 42 U.S.C. § 1997e(a).

COC 1330.13.G
April 20, 2004
Attachment A

INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9. A separate form must be used for each issue.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

MONTALBAN JOSE #11497-179
Inmate Name Register No.

H-Unit
Qtrs./Unit

Inmate Signature

1. Specific complaint (one 8 1/2" x 11" continuation page may be attached):

TWO WEEKS AGO MY COUNSELOR PHILLIP-H-UNIT, CALL ME FOR IGC LEGAL MAIL I USED TO SIGNED FOR ONE MANILA ENVELOPE, I TELL HIM THIS ENVELOPE IS OPEN ALREADY, NO NAMES IN THE FRONT OF THIS. ATTACHED

2. What efforts have been made by the inmate to resolve the complaint informally? to whom has the inmate spoken?

TO THE "ASSOCIATE WARDEN", TO THE UNIT MANAGER
I SEND A MESSAGE FOR TRULINKS-COMPUTER AND COR-PUT

What action does the inmate wish to be taken to correct the issue?

STOP IT!! TO CONFISCATED MY LEGAL MAIL FROM ALL DIFFERENTS FEDERAL AGENCYS AND FEDERAL COURT OF OCALA, FL AND PASS TO ME THE LEGAL MAIL IN CORRECT TIME!!!

Correctional Counselor's Comments (including actual steps taken to resolve):

Correctional Counselor

Date

Staff Circle One:

Informally Resolved Not Informally

Unit Manager's Review

Unit Manager

Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, maintain original on file in the Unit.
2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administration for processing.

Inf. Resolution
Form Issued
to Inmate

Inf. Resolution
Form Returned to
Counselor

BP-9 Issued
to Inmate

BP-9 Returned
to Counselor

Date:

Time:

Counselor:

FCC COLEMAN

ATTACHED.

MANILA ENVELOPE, OR WHO SEND THIS ENVELOPE? OR MY NAME, REGISTER NUMBER? NOTHING...

I REFUSED TO SIGNED FOR THIS MANILA ENVELOPE, MY COUNSELOR CALL THE OFFICER- NELSON. FROM MY UNIT "H", AT HIM EXPLAINED TO BE HIS WITNESS ~~THAT~~ BECAUSE I REFUSED TO SIGNED FOR THIS MANILA ENVELOPE, AND MY COUNSELOR "PHILLIP"

CONTINUE TO OPEN THE ENVELOPE, AND REMOVE DIFFERENTS DOCUMENTS: FROM THE SOUTHEAST REGIONAL NORTHEAST REGIONAL, CENTRAL OFFICE REGIONAL, AND SOME LETTERS FROM: FEDERAL COURT OF OCALA, FL.

I ASK MY COUNSELOR PHILLIP- ABOUT WHO SEND THIS ENVELOPE NOW, AND NOT BEFORE IN TIME, FROM THE MAIL ROOM, OR FROM MY UNIT TEAM?

HIM STARTED THIS ENVELOPE COME FROM HERE COLEMAN, BUT HIM DON'T WANT IT SAY AT NAME??

⊗⊗⊗ THE SUPREM COURT, HAS MADE IT **CLEAR** THAT PRISON INMATES RETAIN ALL "FIRST AMENDMENT RIGHTS", NOT INCOMPATIBLE WITH THEIR STATUS AS PRISONERS OR WITH THE LEGITIMATE PENOLOGICAL OBJECTIVES OF THE CORRECTION SYSTEM... ~~⊗⊗⊗~~ THE LEGAL-MAIL, IS ENTITLED TO A HEIGHTENED LEVEL OF PROTECTION TO AVOID IMPINGING ON A PRISONERS LEGAL RIGHTS, THE ATTORNEY-CLIENT PRIVILEGE AND THE RIGHT TO ACCESS THE COURT'S... [CAVEY V. WILLIAMS] TO THE WARDEN.. VIOLATED THE PRISONER, "FIRST AMENDMENT RIGHTS", FOR COMUNICATING HIS OR HERS COMPLAINTS TO HIGHER ADMINISTRATIVE LEVEL IS A MUCH A DENIAL OF THE RIGHT.....

DATE:
 [Signature]

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MONTALBAN JOSE #11497-179 "H" FCC-COLEMAN-USP
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I REQUEST TO YOU (WARDEN) ABOUT THE ADMINISTRATIVE REMEDY'S STATUS, (BP-10) SOUTHEAST REGIONAL (BP-10) NORTHEAST REGIONAL, PA. (BP-11) CENTRAL OFFICE REGIONAL. THE LAST TWO WEEKS MY COUNSELOR "PHILLIP" FROM "H" UNIT, CALL ME FOR LEGAL-MAIL AND I NEED TO SIGNED FOR THE MANILA ENVELOPE, I TELL MY COUNSELOR "PHILLIP", "TH COME OPEN ALREADY AND NOT NAME IN THE FRONT OF THIS ENVELOPE, OR WHO SEND TO ME, OR FEDERAL AGENCY." I REFUSED TO SIGNED) AND COUNSELOR "PHILLIP", CALL THE OFFICER OF THE UNIT-"H", HIM PROCEDE TO OPEN THE ENVELOPE AND SHOWME LEGAL DOCUMENTOS FROM DIFERENT REGIONALS AND LETTERS FROM FEDERAL COURT OF OCALA, FL. JUNE-10-2016 SOMETHING IS WRONG, HERE! I TELL HE

DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

THIS IS AT A COPY OF THE ANSWER FROM MY COUNSELOR PHILLIP-H-UNIT!! HIM PASS TO ME THE ANSWER OF MY BP-8 (JUNE-10-2016; PASS TO HIM, IN THE TIME 12:50 PM) AND YESTERDAY, JUNE-29-2016, I RECEIVED THIS ANSWER, BUT NOT THE (BP-9); AND THE UNIT MANAGER MR: HUITT; SIGNED TO... DATED: 6-10-2016 13:10 PM) THEY MADE AT MISTAKE, THEY ADMITED TO HAVE IT!! MY'S { BP-10, SOUTHEAST REGIONALS ATL. } I SEE IT, ORIGINAL { BP-11, CENTRAL OFFICE REGIONALS } THE DATES OF RECEIVED!!! { BP-10, NORTHEAST REGIONAL PA. }
 THEY CONFISCATED MY'S "REPLAY'S, REMEDY'S LEGAL MAIL FROM FEDERAL COURT OCALA, FL. AND REGULAR MAIL TO... MEXICAN CONSULATED TO!!!

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER:

Part C- RECEIPT

CASE NUMBER:

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

USP LVN



Printed on Recycled Paper

BP-229(13)
 APRIL 1982

BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) WARDEN	DATE: 6/9/16
FROM: MONTALBAN JOSE	REGISTER NO.: #11497-179
WORK ASSIGNMENT: NONE	UNIT: "H" - UNIT

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I SEND THIS REQUEST TO YOU (MS: TAMYRA) WARDEN

IS ABOUT AT A REQUEST TO MY UNIT TEAM AND "ASSOCIATE WARDEN" ABOUT MY STATUS OF RESPONSE FROM: SOUTHEAST REGIONAL (BP-10) NORTHEAST REGIONAL, PA. (BP-10) TORT-CLAIM CENTRAL OFFICE REGIONAL (BP-11)

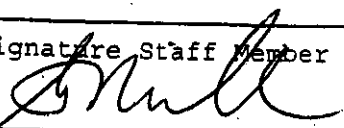
TWO WEEK'S AGO MY COUNSELOR, TELL ME I GOT LEGAL MAIL, AND I NEED TO SIGNED FOR THE ENVELOPE AND I TELL HIM, THIS ENVELOPE IS OPEN ALREADY, NOT NAME IN FRONT THE ENVELOPE, WHO SEND THIS ENVELOPE?

(Do not write below this line)

DISPOSITION:

See attached

Signature Staff Member



Date

6-16-16

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct '86
and BP-S148.070 APR 94

RESPONSE TO INMATE REQUEST TO STAFF MEMBER

NAME: Montalban, Jose

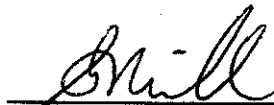
Register Number: 11497-179

Unit: H-Unit

This is in response to your correspondence to Warden Jarvis. You indicate your Unit Counselor did not follow legal mail procedures when delivering you "legal mail" from the Northeast Regional Office (BP-10) and Tort-Claim from Central Office (BP-11). You indicate when presented with the mail the envelope had been previously opened without a name on the front of the envelope and you question who it was sent from.

A review of the issues raised in your correspondence has been conducted. The results of the review indicate Bureau of Prison forms (BP-10 and BP-11) do not constitute "legal mail" and therefore do not fall under the same requirements. Typically, those forms are sent in bulk mail from the respective offices and delivered to the institution, where they are sorted and delivered to the identified inmates. However, due to the sheer number of forms, your remedies were placed in a manila envelope by institution staff and forwarded to your Unit Team. When your Unit Counselor attempted to deliver the paperwork to you, you denied accepting any of it. As a result, unit staff documented their attempt to deliver the documentation and your denial for future reference, if needed. Therefore, your Unit Team staff is not acting in malice, but following policy guidelines.

I trust this addresses your concerns.



G. Miller, Associate Warden

6-16-16

Date

ATTACHMENT

U.S. Department of Justice

Central Office Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: Montalban, Jose 11497-179 Unit-H FCC; Coleman USP-1
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A—REASON FOR APPEAL On January 4, 2016, I filed a "Sensitive BP-10" with both the North and Southeast Regional Offices. These grievances were pertaining to medical issues I endured during the severe physical beatings I received from USP Canaan's staff after an assault with staff I was involved in on December 28, 2012. I sustained numerous injuries that were NEVER treated and I had developed seizures that have created more injuries to my person (broken wrist bones [untreated] and a broken collar bone [treated]) after these beatings by staff that prior to I had never had. To date I had only received a rejection notice from the Northeast office (see attached) and nothing from the Southeast Office. As per Policy these replies and non replies are to be taken as being denied greivances and I am proceeding with my remedy and filing an appeal to your office. The relief I request is clearly outlined within the BP-10 I have attached to this BP-11 appeal and the complaint and accusations stated therein are to be applied and used within this grievance. I want the relief I am and have been requesting as well as any disciplinary actions taken against the staff members involved as per policy.

April 15, 2016
 DATE

[Signature] 4/15/16
 SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF OFFICE

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

ITATIVE REMEDY***SENSITIVE REMEDY*

SENSITIVE REMEDY***

NORTHEAST
SOUTHEAST

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: <u>Montalban, Jose</u>	<u>11497-179</u>	<u>Unit-B</u>	<u>FCC; Coleman</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION

Part A—REASON FOR APPEAL Since the date of December 28, 2012, Mr. Montalban on the 28th was involved in an assault with staff, while being subdued he was deliberately assaulted by USP Canaan's staff who reported to an Officer's body alarm call. After, during and before Mr. Montalban was subdued and shackled by several officers and during this they used violent and unnecessary use of force to instill physical pain and damage by punching, kicking, and using blunt metal objects (security keys, and a two-hole hole punch) to Mr. Montalban's head and body areas. The most damage and assault was directed to Mr. Montalban's head where he has suffered a broken orbital bone, some type of fracture to his forehead region, and to date he has not received any treatment to correct these damages nor even after a District Judge had ordered and gave a directive for the Marshals/FBOP to provide exploratory and exculpatory radiological testing (CT Scans & MRIs, etc.) performed to assess if any internal damages have been caused (since his attack Mr. Montalban has had on a daily occurrence been through multiple seizures that basically has caused him to break his clavicle bone and both bones in his forearm). Even though he has had his clavicle bone repaired, he has yet to be diagnosed by any outside specialists for the injuries to his head and given no clear indication of when he will if at all be seen by any outside specialists or receive any exculpatory and explorative tests done to assess how much damage has been caused by these assailants at USP Canaan. The doctor and medical staff at USP-1 Coleman are reluctant and cynical in treating Mr. Montalban's injuries. This is not...

DATE

SIGNATURE OF REQUESTER

Part B—RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

C—RECEIPT

CASE NUMBER: _____

m to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

ECT:

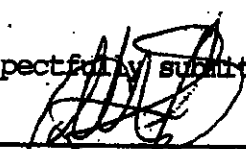
SENSITIVE REMEDYSENSITIVE REMEDY***SOUTHEAST/NORTHEAST

is not to say USP-1 Coleman's medical are deliberately interfering with my right to medical access, but they are not providing me with the care necessary to resolve my issues in any fashionable time-frame. I'm in constant fear that I've had serious brain damage cause by USP Canaan's staff and each day it may be progresively getting worse. I have notified the Middle District of Florida's Federal Court for an Temporary Injunction for relief and assistance as well as I have written the U.S. D.O.J. and the F.B.O.P.'s offices for their intervention of this matter.

I request to 1) have all exploratory testing (CT-Scans, MRIs, etc.) performed and for these results to be , 2) provided to a Neuro & Orthopedic Specialists to be evaluated and to be seen immediately by these specialists as well, 3) to have any/or all of theses specialists recommendations and treatment orders to be followed and carried out without any delay, and 4) for USP-1 Coleman's staff to not retaliate, interfere with, or inhibit in any way my access to the request I ask and not rtaliatate, interfere with or inhibit my access to any/or all outside organizations or family members for assistance/ or help I may need to have these needs met.

Dated: 01-04-16

Respectfully submitted,


Mr. Jose Montalban
Reg.#: 11497-179
FCC; Coleman USP-1
P.O. Box 1033/ Unit-B
Coleman, Florida 33521-1033

SENDER'S COPY (TO BE RETURNED)		RECEIVED BY (TO BE KEPT BY ADDRESSEE)	
<p>■ Complete item 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p><i>[Signature]</i> <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) <i>R. T. [Signature]</i> C. Date of Delivery <i>1/15/16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Federal Bureau of Prisons Southeast Regional Office Attn: Penology Department 3800 Campbell Creek, P.O. Box Atlanta, GA 30331 </p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from service label) 7015 0640 0006 2886 0621 </p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-10

UNITED STATES POSTAL SERVICE
GA 301
15 JAN '16
PM 15 1

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Jose Montalban
Register #: ~~11497-179~~ 11497-179
FCC: Coleman USP-1
P.O. Box 1033/Unit-B
Coleman, Florida 33521-1033

21103333



125

UNICOR FEDERAL PRISON INDUSTRIES, INC.
LEAVENWORTH, KANSASU.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on ~~Form~~ ^{FOR COLEMAN}From: Montalban Jose #11497-179 "B" USP-1 Coleman Florida
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I request at Answer from the last-
(BP-a) dated on [OCTOBER/20/2015], is almost at Month
and I don't get at "NOTICE" of the STATUS OF THE
(BP-a) DATED ON [OCTOBER/20/2015], I need the Answer
ATTACHED COPY for continuing the grievances
to at Higher Level!!!

Thank you!!!

NOVEMBER/20/2015
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to: _____

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: <u>MONTALBAN JOSE</u>	# <u>11497-179</u>	<u>K-UNIT</u>	<u>FCC-COMPLEX</u>
LAST NAME, FIRST, MIDDLE INITIAL	REG. NO.	UNIT	INSTITUTION
			<u>USP-1, COLEMAN, FL.</u>

Part A- INMATE REQUEST " I, JOSE MONTALBAN, "REG, NO# 11497-179, "I ENDURED SEVERE PHYSICAL BEATING, AND I RECEIVED BY THE (USP-CANNAN, PA) CORRECTIONAL OFFICERS ON THE DATE ON (DECEMBER/28/2012), "I SUSTAINED NUMEROUS "INJURIES" THAT NEVER WERE TREATED AND I HAD DEVELOPED "SEIZURE'S", THAT CREATED MORE INJURIES TO MY PERSON (BROKEN COLLAR BONE (TREATED UNTIL DEC/2014) (BROKEN WRIST/LEFT HAND, 2015) AFTER THESE BEATINGS BY STAFF THAT PRIOR TO I HAD NEVER HAD, "THE RELIEF I REQUEST IS CLEARLY OUTLINED WITHIN THE (BOP) THE ACUSATIONS STATED THEREIN ARE I WANT THE RELIEF I HAVE BEEN REQUESTING AS WELL AS ANY DISCIPLINARY ACTIONS TAKE AGAINST THE STAFF MEMBER AND CORRECTIONAL OFFICER, MEDICAL PROVIDERS INVOLVED AS PER POLICY OF (FBOP) AT USP-CANNAN, PA) "THESE STATEMENTS AND EVIDENCE WAS ALL FABRICATED AGAINST ME, AND I AM IN THE PROCESS OF AN APPEAL AGAINST THIS ACTS OF MISCONDUCT, BUT ALSO THE EXTREME PHYSICAL ABUSE AND PAIN I ENDURED BY THE USP-CANNAN, PA, CORRECTIONAL OFFICERS AND STAFF MEMBER, AND MEDICAL PROVIDERS, " "I AM ASKING FOR AT "RELIEF" I ASSERT THE COMPLAINT WRITTEN WITHIN IT AND ASK THAT YOUR OFFICE FOLLOW THROUGH AND AT ANSWER THE COMPLAINT RAISED THEREIN AND ITS "RELIEF" AND GRANT IT ON ITS MERITS, " " " ATTACHED COPIES " "THANK YOU."

OCTOBER

~~NOVEMBER~~ / 20 / 2015
DATE

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

BASIS OF CLAIMS:

I WAS BEING TAKEN FROM THE STAFF OFFICE IN FOOD SERVICE TO THE MEDICAL THESE SAME STAFF MEMBERS #13 IN TOTAL HAD CONTINUED TO PUNCH AND KICKING ME ALONG THE ENTIRE WAY AFTER KEEPING ME INSIDE THE KITCHEN AREA FOR AT FEW MINUTES WICH SEEMED LIKE AN HOUR WHILE EACH STAFF MEMBER TOOK TURNS ASSAULTING ME WITH THEIRS FISTS AND WORK BOOTS. ALONG THE WAY EACH EGRESS WE CAME ACROSS WHETHER IT WAS A SOLID BARRED SECURITY GATE OR A STEEL DOOR THESE SAME STAFF MEMBERS USED MY HEAD AS A MEANS TO OPEN EACH DOORWAY LIKE I WAS SOME TYPE OF BATTERING RAM", I PASSED 5 STEEL DOOR AND #2 STEEL BARRED SECURITY GATES, AND AS I STATED MY HEAD WAS USED AS AN TOOL TO PUSH THEM OPEN. AFTER I ARRIVED TO MEDICAL, I WAS STRIPPED NAKED AND THE (R.N.MS.BURGERHOLFF, PATRICIA) WIPED MY FACE CLEAN OF "BLOOD" PHYSICALLY LOOKED AT MY NOSE, AND AS SHE WALKED AWAY STATED, "...THERE'S IS NOTHING WRONG WITH YOU," AND WHEN SHE LEFT #7 OF THE #13 STAFF MEMBERS CAME INTO THE INFIRMARI ROOM THEY STATED TO PUNCH, AND ONE POINT ONE STAFF MEMBER WITH THE NAME OF "VERBYLA" AT ONE POINT HE HAD ME IN A HEAD-LOCK AND STARTED TO CHOKE OF ME OUT, WHILE "OFFICER MODROFF HELD ME MY LEFT ARM SO I COULD NOT SCAPE OR MOVE, THE OTHER OFFICER "VRABELL" HOLDING MY RIGHT ARM, SO I COULD NOT SCAPE OR MOVE, AT THIS POINT

I BELIEVED THEY WERE GOING TO KILL ME, THEN ALL THE SUDEN I WAS TO SLAMMED TO THE GROUND FLOOR WITH THE HEAD FIRST, AND THE OTHER STAFF MEMBERS STARTED TO KICK ME, WHILE ANOTHER OFFICER IN BLUE UNIFORM, HIM GRABBED MY HEAD AND STARTED POUNDING IN ON THE FLOOR THREE TIMES, AND PUNCHING MY FACE, RIGHT EYE, AND AFTER I WAS BEATED FOR A SHORT TIME "LIKE IT ETERNITY", I CAN HEAR THE NURSE (R.N.BURGERHOLFF) RETURN CAME INTO TEH ROOM AND I COULD HEAR HER TELL THEM THE STAFF MEMBERS "WHAT THEY DOING" AND, THEY ANSWER "OH HE FALL FROM THE TABLE EXAM". AND SHE PASS FROM MY LEFT SIDE ON TEH GROUND FLOOR, I SAW BRIEFLY "SHE WAS NOT HAPPY WITH THEIR ACTIONS, AND I SAW BRIEFLY SHE RIPPED SOME FORMS, SHE HAD UP, (OF MYS ASSESMENTS OF MYS FIRST INJURIES) THEY ASKING HER, IF SHE FINISHED WITH (PLAINTIFF INMATE MONTALBAN) SHE SAY YES, REMOVED FROM HERE", I WAS SHORTLU TAKEN FROM MEDICAL TO THE (SHU) WHERE TEH BEATING CONTINUED AND MY HEAD WAS USED AS A "DOOR RAM" UNTIL I FINALLY PASSED OUT FROM THE "PAIN" OR WAS "KNOCKED OUT" UNCONSCIOUS"

** I HAD HAD MY THUMB BENT BACKWARDS (RIGHT HAND) POSSIBLE BROKEN) MANY BRUISES AROUND MY ENTIRE BODY, ABRASSION ALL OVER MU BODY, AND HEAD MY EYES BOTH WERE SWOLLEN SHUT DOWN, MYS BOTH KNEE'S WAS IN "PAIN" TO PUT PRESSURE AT WALKING, I HAD A DIFFICULT TIME BREATHING THROUGH MY NOSE, MYS BOTH "JAWS", WAS SO SWOLLEN, "I COULD NOT EVEN BARELY OPEN MY MOUTH, * REGARDLESS, STAFF MEMBERS "REFUSED, TO BRING ME ANY FOOD FOR OVER #10 DAYS, "STATING I REQUESTED A *FOOD STRIKE* WICH WAS A LIE AND "IF IS IT WASN'T FOR MY CELLIE, I HAD PROVIDING ME 1/4 OF HIS MEALS "I WOULD NEVER HAVE BEEN FED, " EVERY DAY SOME STAFF MEMBER WOULD KICKING THE CELL DOOR AND MAKE THE COMMENT, " HE ISN'T DAED YET!! EACH DAYS I FEARED I WOULD EITHER GET ANOTHER ATTACK OR WOULD DIE, FROM MYS INJURIES, "NEWLY DEVELOPED "SEIZURE'S THAT WOULD "INCAPACITATE ME, AND AT NO TIME DID MEDICAL DO ANYTHING TO ALLIVIAE ANY OF MYS PHYSICAL PAIN OR AILMENTS, * A STANDARD "X-RAYS" WAS TAKEN SOME #12 DAYS LATER AFTER TEH ASSAULT ON MY PERSON BY THE STAFF MEMBERS, " I SAT IN THE (SHU) WITH BROKEN BONES, DISLOCATED THUMB, MANY CONTUSSIONS, AND INTERNAL INJURIES, THAT WERE NEVER LOOKED INTO WHILE GIVEN "NO" MEDICATIONS AND WELL TO HELP MINIMIZE MY "PAIN"...

BP-S148.055 INMATE REQUEST TO STAFF CDFRM
SEP 98

U.S. DEPARTMENT OF JUSTICE

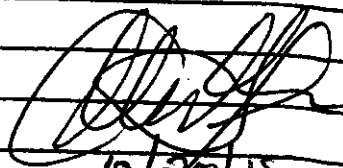
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Counselor + McLEAN	DATE: October 20/2015
FROM: Marta/Bar Jose	REGISTER NO.: #11497-179
WORK ASSIGNMENT: none	UNIT: B-unit

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

I send this request to you ^{*} **McLEAN**, ^{*} for
at petition of a administrative Remedies, for
to started the grievance against Staff Members
at (USP-CANNAN, PA) for the Excessive force, Denied
Medical Attention, Assault & Battery, Retaliation;

Thank you


10/20/15

(Do not write below this line)

DISPOSITION:

* Counselor McLean, pass me at (BP-9) for
to filing out Directly to the Warden Office !!!
OCTOBER/20/2015 (15:45 pm)

Via Certified and Return Receipt Mail

U.S. Custom House-7th Floor
2nd & Chestnut Streets
Philadelphia, PA 19106

July 12, 2016

Jose Montalban, Reg. No. 11497-179
USP Coleman I
P.O. Box 1033
Coleman, FL 33521

RE: Administrative Claim No. TRT-NER-2016-01879

Dear Mr. Montalban:

Your Administrative Claim No. TRT-NER-2016-01879, properly received on January 9, 2016, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. Damages are sought in the amount of \$6,153,000.00 based on a personal injury claim. Specifically, you allege you were assaulted by a Bureau of Prisons (BOP) staff member at USP Canaan on December, 28, 2012 and over the past 3 years have continued to suffer physical injuries resulting from the alleged assault.

An investigation shows on December 28, 2012, you assaulted a staff member at USP Canaan and were assessed for injury and treated by Health Services at USP Canaan. X-rays taken during your assessment revealed no mandibular fracture. Further evaluation by an Ear, Nose, and Throat Specialist on January 18, 2013 noted a potential orbital fracture, but no treatment was indicated. There is no evidence you complained of or experienced daily seizures. There is no evidence to suggest you suffered a compensable loss as the result of negligence on the part of any Bureau of Prisons employee. Accordingly, your claim is denied.

If you are dissatisfied with this decision, you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this letter.

Sincerely,


Michael D. Tavel
Regional Counsel

cc: Acting Warden, USP Canaan

U.S. Department of Justice
Federal Bureau of Prisons
Northeast Regional Office

U.S. Custom House - 7th Floor
2nd and Chestnut Street
Philadelphia, PA 19106

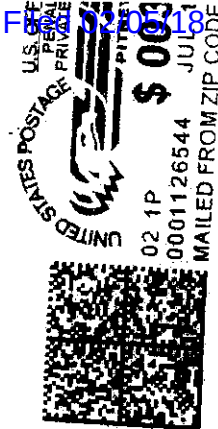
Official Business

PHILADELPHIA

JUL 15
PM 3:1



7012 2210 0001 4156 8158



H 120



**U.S. Department of Justice
Federal Bureau of Prisons
Northeast Regional Office**

*U.S. Custom House-7th Floor
2nd & Chestnut Streets
Philadelphia, PA. 19106*

January 26, 2016

Jose Montalban, Reg. No. 11497-179
USP Coleman I
P.O.Box 1033
Coleman, FL 33521

Re: Administrative Claim Received January 15, 2016
Claim No. TRT-NER-2016-01879

Dear Mr. Montalban:

This will acknowledge receipt of your administrative claim for an alleged loss of personal property or personal injury suffered at USP Canaan.

Under the provisions of the applicable federal statutes, we have six months from the date of receipt to review, consider, and adjudicate your claim.

All correspondence regarding this claim should be addressed to Federal Bureau of Prisons, Northeast Regional Office, Room 701, U.S. Custom House, 2nd & Chestnut Street, Philadelphia, Pennsylvania 19106. If the circumstances surrounding this claim change in any fashion, you should contact this office immediately. Also, should your address change, you should contact this office in writing accordingly.

Sincerely,

A handwritten signature in dark ink, appearing to read "M. Tafelski", is written over the typed name.

Michael D. Tafelski
Regional Counsel

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: JANUARY 26, 2016

AG FROM: ADMINISTRATIVE REMEDY COORDINATOR
NORTHEAST REGIONAL OFFICE

TO : JOSE MONTALBAN, 11497-179
COLEMAN I USP UNT: A/B QTR: B01-125L
P.O. BOX 1023
COLEMAN, FL 33521

FOR THE REASONS LISTED BELOW, THIS REGIONAL APPEAL
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 849264-R1 REGIONAL APPEAL
DATE RECEIVED : JANUARY 15, 2016
SUBJECT 1 : MEDICAL CARE - DELAY OR ACCESS TO
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: THE ISSUE YOU RAISED IS NOT SENSITIVE. HOWEVER,
WE RETAINED YOUR REQUEST/APPEAL ACCORDING TO
POLICY. YOU SHOULD FILE A REQUEST OR APPEAL AT
THE APPROPRIATE LEVEL VIA REGULAR PROCEDURES.

REJECT REASON 2: YOU MUST FIRST FILE A BP-9 REQUEST THROUGH THE INSTITUTION
FOR THE WARDEN'S REVIEW AND RESPONSE BEFORE FILING AN APPEAL
AT THIS LEVEL.

REJECT REASON 3: SEE REMARKS.

REMARKS : YOUR APPEAL SHOULD BE FILED TO THE REGIONAL OFFICE
WHERE YOU ARE CURRENTLY DESIGNATED. PLEASE RESUBMIT
YOUR APPEAL TO THE SOUTHEAST REGIONAL OFFICE.

CLAIM FOR DAMAGE,
INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency:

Federal Bureau of Prison Offices
for the Northeast Region
2nd & Chestnut streets
U.S. Customs House; 7th Floor
Philadelphia, PA 191062. Name, address of claimant, and claimant's personal representative if any.
(See instructions on reverse). Number, Street, City, State and Zip code.Mr. Jose Montalban
Register #: 11497-179
FCC; Coleman USP-1
P.O. Box 1033/Unit-B; Coleman, FL 3352

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

11JUN1973

5. MARITAL STATUS

Married

6. DATE AND DAY OF ACCIDENT

28DEC2012

7. TIME (A.M. OR P.M.)

07:30-45p.m.

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence, and the cause thereof. Use additional pages if necessary).

On December 28, 2012, I was involved in a assault with a FBOP staff member at USP-Canaan. While I was being subdued by approximately 8-13 staff members initially I was punched, kicked and hit with blunt metal objects (security keys and a 2 holed hole punch) was used to inflict pain and injury to my body and head area while most of the assault was directed to my face and head area I was also hit all over my body and torso. (see attached for continuation)

PROPERTY DAMAGE

9. NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See instructions on reverse side).

I suffer paralyzing seizures daily and have broken my arm bones and my clavicle. I sustained an orbital and skull fracture from the assault that has never been treated or have I been seen by any specialists.

10. PERSONAL INJURY/WRONGFUL DEATH

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. For over 3 years I have been walking around with an unknown neurological problem, broken bones in my skull and am in constant pain and fear of serious possible undiagnosed brain damage that has never been tested by CT-Scan or MRIs to do exploratory radiological tests for a specialist to review, diagnose and receive treatment for (see Attached 2)

WITNESSES

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

12. (See instructions on reverse).

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

punitive: \$250,000.00/per
assaulting staff member

12b. PERSONAL INJURY

compensatory:
250,000.00/per
assaulting staff member

12c. WRONGFUL DEATH

nominal:
\$1.00-1,000.00

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

\$6,500.00-6,513,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

[Signature] Without Prejudice, All
01-04-16 Rights reserved

13b. PHONE NUMBER OF PERSON SIGNING FORM

N/A

14. DATE OF SIGNATURE

04JAN2016

CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIMCRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

Authorized for Local Reproduction
Previous Edition is not Usable

NSN 7540-00-634-4046

STANDARD FORM 95 (REV. 2/2007)
PRESCRIBED BY DEPT. OF JUSTICE
28 CFR 14.2

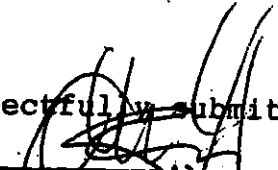
Line #8: Basis for Claim:

As I was being taken from the Staff office in Food Service to Medical these same staff members @13 in total had continued to punch and kick me along the entire way after keeping me inside the kitchen area for a few minutes which seemed like an hour while each staff member took turn assaulting me with their fists and boots. Along the way each egress we came across whether it was a solid barred security gate or a steel door these same staff members used my head as a means to open each doorway like I was some type of battering ram. I passed 5 steel doors and 2 steel barred security gates, and as I stated my head was used as an tool to push them open. After I arrived to Medical I was stripped naked and the RN Ms. Burgerhoff, Patricia wiped my face clean of blood physically looked at my nose and as she walked away stated, "...there's nothing wrong with you..." and when she left 7 of the 13 staff members came into the room and started to punch me and at one point one had placed me in a head-lock and started to choke me out, the Officer's name was Mr. Vrabella while Officer Modrow held both my arms so I could not escape or move. At this point I believed they were going to kill me, then all of a sudden I was slammed to the ground and started to kick me while another officer grabbed my head and started pounding it on the floor. After I was beaten for a short while RN Burgerhoff came into the room and I could hear her tell the officers what were they doing and I saw briefly she had ripped some forms she had up and while doing that the officers stated, "oh he fell.." Rn Burgerhoff's voice showed she was not happy with their actions and I was shortly taken from Medical to SHU where the beatings continued and my head used as a door ram until I finally passed out from the pain or was knocked unconscious. I had had my thumb bent backward and broken, many bruises and abrasions all over my body and head, my eyes were swollen shut and I physically could NOT open them for over 14 days, I had a difficult time breathing through my nose, my jaw was so swollen I could not even eat for I could barely open my mouth. Regardless, staff refused to bring me any food for over ten days stating I requested a Food Strike which was a lie and if it wasn't for the cellie I had providing me $\frac{1}{2}$ of his meals I would never have been fed. Every day some staff member would kick the cell door and make the comment "he isn't dead yet!" Each day I feared I would either get another attack or would die from my injuries, newly developed seizures that would incapacitate me and at no time did medical do anything

to alleviate any of my physical pains or ailments. A standard X-ray was taken some 12 days after the assault on my persons. I sat in SHU with broken bones, dislocated thumb, many contusions and internal injuries that were never looked into while given NO meds as well to help minimize my pain.

Dated: January 4, 2016

Respectfully submitted,


~~Without Prejudice~~ All rights reserved
Mr. Jose Montalban

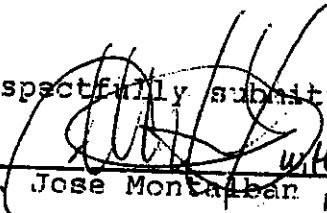
Line 10: ...Nature and extent of each injury:

...to come to an absolution and resolution of my medical needs as deemed medically necessary by qualified and certified specialists.

My pain and suffering caused by these known and unknown USP Canaan staff members clearly constitutes clear and knowing of their actions against my person to be cruel and unusual and beyond the grounds and policy dictated by FBOP in controlling a conflict. The fact that these staff members were immediately taken to an outside hospital the same evening as the assault to be treated for their injuries (lacerations to Officer Wisniewski's face & a jammed pinkie finger on Officer Brennen) while I still am waiting to have exploratory tests performed to diagnose the extent of my injuries and that my broken and fractured bones are now by this point set where they lay broken will have to be re-broken and re-set in their natural formation. Well, I pray they can be repaired after such a long period of time. I fear that I will never be normal physically or mentally ever again due to this event. I'm afraid that if what-ever is causing me to have these seizures that leave me incapacitated and vulnerable as they have already caused me more bodily damage then what was done initially by these staff members that I never had prior to December 28, 2012, that I will no longer be able to ever perform normally in the outside world upon release. Also, the fact I have taken so long to process this Tort Claim is due to staff's intentional destruction of my personal property I have had accrued in the prior ten years and all my legal paperwork from my Trial has been also lost or damaged. I have come to USP-Coleman #1 with absolutely no property and legal work which I had with me at the Lackawanna County Jail and was packed out when I had been sent back to USP-Canaan and was never seen again. I've tried for the past two plus years trying to get my property and legal materials all to no avail and I have had to use other inmates to assist me in getting any/or all necessary paperwork to file grievances, Torts, Court and attorney's request for assistance I have been either told by staff I should STOP all/or any attempts I may try to get back into court or any other form of relief I need. This is also a violation of my Due Process Clause and my right to my property.

Dated: January 4, 2016

Respectfully submitted,


Mr. Jose Montalban

without prejudice all rights reserved

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**Federal Bureau of Prisons
 Northeast Regional Office
 Admin. Remedy Dept.
 2nd & Chestnut Streets
 U.S. Customs House, 7th Floor
 Philadelphia, PA 19106**

A. Signature **J.B.**
☒ Agent
☐ Addressee

B. Received by (Printed Name) **J.B.**
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ G.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number
 (Transfer from service label) **7015 0640 0006 2886 0638**

PS Form 3811, February 2004 Domestic Return Receipt 102596-02-04-15-A

U.S. Department of Justice
 Federal Bureau of Prisons
 Northeast Regional Office
 U.S. Customs House - 7th Floor
 2nd and Chestnut Street
 Philadelphia, PA 19106
 Official Business

FROM: ADMINISTRATIVE REMEDY COORDINATOR
 NORTHEAST REGIONAL OFFICE

TO : JOSE MONTALBAN, 11497-179
 COLEMAN I USP UNT: A/B QTR: B01-125L
 P.O. BOX 1023
 COLEMAN, FL 33521

33521102323

33521102323

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**Federal Bureau of Prisons
 Northeast Regional Office
 Tort Claim Department
 2nd & Chestnut Streets
 U.S. Customs House, 7th Floor
 Philadelphia, PA 19106**

A. Signature **J.B.**
☒ Agent
☐ Addressee

B. Received by (Printed Name) **J.B.**
 C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☒ No
 If YES, enter delivery address below

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ G.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number
 (Transfer from service label) **7015 0640 0006 2886 0638**

PS Form 3811, February 2004 Domestic Return Receipt 102596-02-04-15-A

PHILADELPHIA
 PA 191
 25 JAN '16
 PM 5 L



02 1P
 0001126544 JAN 22 2016
 MAILED FROM ZIP CODE 19106

3

ATTACHMENT

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy each of the completed BP-DIR-9 and BP-DIR-10, including any attachments must be submitted with this appeal.

From: Montalban, Jose 11497-179 Unit-H FCC, Coleman US
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT U.S. COURT

Part A—REASON FOR APPEAL On January 4, 2016, I filed a "Sensitive BP-10" with both the North and Southeast Regional Offices. These grievances were pertaining to my personal and legal property and staff's deliberate indifference and their acts of retaliation in attempting to request them. These acts are in reprisal to an assault I had with a FBOP staff member at USP Canaan, where I was found guilty of in the U.S. District court and I was also enhanced of these charges for utilizing a weapon that was NEVER used nor in my possession, but this was stated and used in my conviction in court. These statements and evidence was all fabricated against me and I am in the process of an appeal against this act of misconduct, but also the extreme physical abuse and pain I endured by USP Canaan's staff immediately after the incident had occurred on December 28, 2012, where I am still dealing with the abuse and reprisal from FBOP staff. I have not had any response to the Regional complaints as of the writing of this appeal and as per Policy my none response is to be a denial of said grievance. I am asking for the same relief as outlined within the BP-10 and an attached copy is attached hereto and I assert the complaint written within it and ask that your office follow through and answer the complaint raised therein and its relief and grant it on its merits.

April 15, 2016
 DATE

SIGNATURE OF REQUESTER

Part B—RESPONSE

2015 3010 0002 0456 3370

U.S. Postal Service
 CERTIFIED MAIL RECEIPT
 Domestic Mail Only
 For delivery information, visit our website at usps.com

OFFICIAL USE

Certified Mail Fee \$
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted
 Postage \$
 Total Postage and Fees \$

Postmark Here

RECEIVED
 APR 18 2016

Sent To Central Office General Counsel
 Street and Apt. No. or P.O. Box No. 220 First St. NW
 City, State, ZIP+4[®] WASHINGTON D.C. 20534

PS Form 3800, April 2015 PSN 7530-02-000-9047 See reverse for instructions

DATE

GENERAL COUNSEL

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C—RECEIPT

CASE NUMBER: _____

Return to: _____
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE OF RECIPIENT OF CENTRAL OFFICE APPEAL

BP-231(13)

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

ACTIVE REMEDY*** SENSITIVE REMEDY*

NORTHEAST
SOUTHEAST

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-DIR-9 including any attachments must be submitted with this appeal.

From: Montalban, Jose

LAST NAME, FIRST, MIDDLE INITIAL

11497-179

REG. NO.

Unit-B

UNIT

FCC; Coleman USP

INSTITUTION

Part A-REASON FOR APPEAL On December 28, 2012, Mr. Montalban has been placed in SHU, sent to Lackawanna County Jail for charges against him for Assault on an Officer w/ a Dangerous Weapon where he was sentenced (even though he contends he never had a weapon, but did assault the officer in fact hence the reasoning he is sending in this BP-10) and subsequently sent back to USP Canaan where he was in possession of all his legal documents at Lackawanna County Jail that he did observe the Jail official turn over to the U.S. Marshals to be delivered back with Mr. Montalban on his return to USP Canaan. Upon his arrival to USP Canaan then shortly thereafter transferred to USP-1 Coleman did Mr. Montalban in fact been notified that he was in receipt of NO PERSONAL, LEGAL OR OTHER PROPERTY upon his arrival to USP-1 Coleman and since his arrival to USP-1 Coleman circa July 2014, Mr. Montalban has written numerous Cop-Outs to his Unit Team whom contacted the U.S. Marshals and USP Canaan as well as wrote his Sentencing Judge of his Assault charge asking to intercede on this matter (Judge's response stated he cannot assist on internal [FBOP] matters nor do they have any of his possessions, that Mr. Montalban must resolve his problems with his property with the FBOP...) all to no avail as of the date of this grievance. Mr. Montalban has been incarcerated for over 9 years prior to his recent charges and has most assuredly accumulated personal property, family correspondence, commissary food items, etc. (see attached commissary receipts) as well as legal materials from his original criminal conviction, yet he is transferred with NOTHING.

01-04-16

DATE

SIGNATURE OF REQUESTER

Part B-RESPONSE

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C-RECEIPT

CASE NUMBER: _____

From to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

RECEIVED:

SENSITIVE REMEDYSENSITIVE REMEDY*** SOUTHEAST/NORTHEAST

Mr. Montalban has since the writing of this grievance sent a Motion for an Temporary Injunction with the Middle District Court of Florida to further inhibit staff's reprisals and retaliation against his person. As well as the intentional interference of his personal and legal property to which Mr. Montalban has tried numerous times in writing to the U.S. Marshals, USP Canaan's staff, the Third Circuit Court and USP-1 Coleman's staff all to no avail. These intentional acts have purposefully stopped Mr. Montalban in filing his timely appeals with the Third Circuit Courts against his recent criminal conviction where staff planted, fabricated and with-held evidence that would prove Mr. Montalban in deed never possessed any weapon in his assault against Mr. Wisniewski.

This is a clear and obvious violation of my Due Process Clause rights, my First Amendment right to be free to speak and be able to have access to my family, as well as being able to contact the courts and attorneys for my legal needs, and my Fifth and Fourteenth Amendment rights to not be deprived of liberty and property, etc..

I request that FBOP staff no longer retaliate against me for using my Constitutional right to have un-impeded access to the courts and my legal materials and to no longer with-hold my personal or legal mail that is not considered contraband or considered in violation of FBOP Policy, and if it is impeded that I will have proper written notice given to me stating the reasons as to why and returned to either myself or the sender immediately upon denial so any errors can be corrected or fixed.

I also ask that I will not be transferred from the facility until I have exhausted all my court filings and have been ordered or denied any/or all Motions filed with the courts or Department of Justice and FBOP.

This grievance has been duplicated and sent to each Regional Office in the Southeast & Northeast Regions since I am unsure who may be the responsible party to my complaint since the majority of my issues are from USP Canaan in the Northeast Region and I am now residing in the Southeast Region at USP-1 Coleman. I request that each Administrative Remedy's Legal Counsel for each Region work together on some type of resolution or assign which office will be culpable for the response to my complaint and notify me of who and what Office I will be responding to and replying in the future.

Dated: 01-04-16

Respectfully submitted,


Mr. Jose Montalban

Register #: 11497-179

FCC; Coleman USP-1

P.O. Box 1033/Unit-B

Coleman, Florida 33521-1033

SENDER'S COPY (TO BE RETURNED TO SENDER)		COMPLETION SECTION (TO BE RETURNED TO ADDRESSEE)	
<p>■ Complete this card. Also complete item 3. If item 3 is checked, print price below. Attach on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Other</p>	
<p>1. Article Addressed to:</p> <p><i>Federal Bureau of Prisons Southeast Regional Office Attn: Parole Department 3800 Campbell Creek, P.O. Box Atlanta, GA 30331</i></p>		<p>B. Received by (Printed Name)</p> <p><i>R. T. [Signature]</i></p>	<p>C. Date of Delivery</p> <p><i>1-15-16</i></p>
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

UNITED STATES POSTAL SERVICE		First-Class Mail Postage & Fees Paid USPS Permit No. G-10	
<p>GA 301</p> <p>15 JAN '16</p> <p>PM 151</p>		<p>11497-179</p> <p>FCC: Coleman USP-1</p> <p>P.O. Box 1033/Unit-B</p> <p>Coleman, Florida 33521-1033</p>	
<p>21103333</p>		<p>125</p>	

BP-A0148

JUNE 10

INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

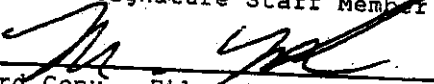
TO: (Name and Title of Staff Member) COUNSELOR: ME CHAIN	DATE: 11/04/2015
FROM: MONTALBAN JOSE	REGISTER NO.: #11497-176
WORK ASSIGNMENT: UNIT ORDELY	UNIT: B

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Sir, Can you please inform me of the status of my legal documents that was lost by U.S. Marshall Service of Pennsylvania. When I was taken from the County Jail to U.S.P. Canaan! CAN you please also notify me of the name of the U.S. Marshall Agent who has called you in reference to the request of my legal documents. This request is being made in conjunction with the filing of my BP.8 and BP.9 which I have already submitted. Please I will like to know who from the U.S. Marshall's office has contacted you in regards (Do not write below this line) to this matter.

DISPOSITION:

I was contacted by the U.S. Marshals Service on 11/4/15 regarding a letter you sent to them pertaining to your legal work. They investigated your claim that they transported you from a local facility back to USP Canaan. You were on their manifest that day that you stated. You were transported with your legal work to USP Canaan. They do not have your legal work and will not respond to your letter for information because they don't have any to give you.

Signature Staff Member 	Date 11/5/15
---	------------------------

Record Copy - File, Copy - Inmate

PDF

Prescribed by P5511

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRESERVATION FOLDER

SECTION 6



UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF PENNSYLVANIA
WILLIAM J. NEALON FEDERAL BLDG. & U.S. COURTHOUSE
235 N. WASHINGTON AVENUE
P.O. BOX 914
SCRANTON, PA 18501-0914

MALACHY E. MANNION
UNITED STATES DISTRICT JUDGE

(570) 207-5760
(570) 207-5769 (FAX)
JUDGE.MANNION@PAMD.USCOURTS.GOV

October 21, 2015

Mr. Jose Montalban
11497-179
USP Coleman
P.O. Box 1033
Coleman, FL 33521

Dear Mr. Montalban,

I have received your letter dated October 9, 2015 concerning your legal papers. The court records do not include the information you have requested. I am therefore forwarding a copy of your letter to the United States Marshal's Service for their consideration. You can reach the U.S. Marshal's at the William J. Nealon Federal Building and U.S. Courthouse, 235 North Washington Avenue, 2nd Floor, Scranton, PA 18501.

Very truly yours,

A handwritten signature in black ink, appearing to read "Malachy E. Mannion", is written over a horizontal line.

Malachy E. Mannion
U.S. District Judge

MEM/bhs

O:\Mannion\shared\letters\PRISONER\montalban.wpd

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: NOVEMBER 6, 2015

for U. Burkes
FROM: ADMINISTRATIVE REMEDY COORDINATOR
COLEMAN I USP

TO : JOSE MONTALBAN, 11497-179
COLEMAN I USP UNT: A/B QTR: B01-125L
P.O. BOX 1023
COLEMAN, FL 33521

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID : 840409-F2 ADMINISTRATIVE REMEDY REQUEST
DATE RECEIVED : NOVEMBER 5, 2015
SUBJECT 1 : PERSONAL LEGAL MATERIALS AND LAW BOOKS
SUBJECT 2 :
INCIDENT RPT NO:

REJECT REASON 1: YOUR REQUEST IS UNTIMELY. INSTITUTION AND CCC REQUESTS
(BP-09) MUST BE RECEIVED W/20 DAYS OF THE EVENT COMPLAINED
ABOUT.

REJECT REASON 2: SEE REMARKS.

REMARKS : THE INCIDENT YOU REFERENCE OCCURRED 7/2014; YOU HAD
TWENTY DAYS TO FILE YOUR REQUEST THROUGH THE
ADMINISTRATIVE REMEDY PROCESS.

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MONTALBAN JOSE #11497-179 B FCC-GLENN USP-6
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

I SEND THIS REQUEST TO YOU WARDEN OR CH
(WARDEN), THIS IS ABOUT MY PROPERTY, (LEGAL DOCUMENTS FROM
(U.S. COURT), I REQUEST TO MY COUNSELOR (B-UNIT) SINCE I ARRIVE
IN THIS UNIT, I WAS CONCERNED ABOUT MY PROPERTY, HOW I CAN
START MY APPEAL, FROM MY CASE (3:CR:13-0001) IF I DON'T
HAVE MY PROPERTY...

I HAVE THE CONSTITUTIONAL RIGHT TO HAVE ACCESS TO
THE COURT (FEDERAL OR STATE)...
(TWO) U.S. MARSHALL, TRANSPORT ME FROM (LACKAWANNA
COUNTY JAIL, (SCRANTON, PA.) TO: USP-CANNAN, WITH MY LEGAL DOCUMENTS

11/02/2015
DATE

11/02/2015
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

FIRST COPY: WARDEN'S ADMINISTRATIVE REMEDY FILE

CASE NUMBER: 8400109-1X2

Part C- RECEIPT

CASE NUMBER:

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____
DATE: _____

REJECTION NOTICE - ADMINISTRATIVE REMEDY

DATE: OCTOBER 28, 2015

FROM: ADMINISTRATIVE REMEDY COORDINATOR
COLEMAN I USP

TO : JOSE MONTALBAN, 11497-179
COLEMAN I USP UNT: A/B QTR: B01-125L
P.O. BOX 1023
COLEMAN, FL 33521

FOR THE REASONS LISTED BELOW, THIS ADMINISTRATIVE REMEDY REQUEST
IS BEING REJECTED AND RETURNED TO YOU. YOU SHOULD INCLUDE A COPY
OF THIS NOTICE WITH ANY FUTURE CORRESPONDENCE REGARDING THE REJECTION.

REMEDY ID ~~544409~~ ADMINISTRATIVE REMEDY REQUEST
DATE RECEIVED : OCTOBER 26, 2015
SUBJECT 1 : PERSONAL LEGAL MATERIALS AND LAW BOOKS
SUBJECT 2 : OTHER MEDICAL MATTERS
INCIDENT RPT NO:

REJECT REASON 1: YOU RAISE MORE THAN ONE ISSUE/RELATED ISSUE OR APPEAL MORE
THAN ONE INCIDENT REPORT (INCIDENT NUMBER). YOU MUST
FILE A SEPARATE REQUEST/APPEAL FOR EACH UNRELATED ISSUE
OR INCIDENT REPORT YOU WANT ADDRESSED.

REJECT REASON 2: YOU MUST PROVIDE MORE SPECIFIC INFORMATION (E.G. CASE NO.)
ABOUT YOUR REQUEST/APPEAL SO THAT IT MAY BE CONSIDERED.

REJECT REASON 3: YOU MAY RESUBMIT YOUR REQUEST IN PROPER FORM WITHIN
5 DAYS OF THE DATE OF THIS REJECTION NOTICE.

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: MONTALBAN JOSE #11497-179 "B" FCC. COLEMAN ^{USP ①}
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST

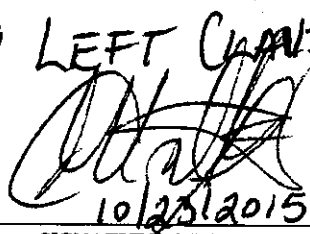
I SEND THIS REQUEST TO YOU MOM OR SR.
(WARDEN). THIS IS ABOUT MY PROPERTY, LEGAL DOCUMENTS
FROM MY CASE (U.S. COURT).

I REQUEST TO MY COUNSELOR (B-UNIT) SINCE
I ARRIVED IN THIS UNIT, I WAS CONCERNED ABOUT
MY PROPERTY, HOW I START MY APPEAL, FROM MY CASE
IF I DON'T HAVE MY PROPERTY.

I SUFFER AT INJURY IN MY LEFT CERVICULE
(LEFT SHOULDER) 7/22/2014.

10/23/2015

DATE


10/23/2015

SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: _____

Part C- RECEIPT

Return to:

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)



INFORMAL RESOLUTION FORM

NOTICE TO INMATE: Bureau of Prisons Program Statement 1330.13 requires that except as provided in 542.13(b) an inmate shall first present an issue of concern informally to staff and staff shall informally attempt to resolve the issue prior to submitting a BP-9.

INSTRUCTIONS: Counselors will complete and attach this form to each Request for Administrative Remedy Form (BP-9) submitted, if not informally resolved.

MONTALBAN JOSE #11497-179 "B" 10/23/15
 Inmate Name Register No. Quarters/Unit Inmate Signature

1. Specific complaint (one 8 1/2 x 11" continuation page may be attached):
 Did you received a response from (USP. CANNAN) pertaining to my property? they're had my property since 2014 (legal property)
2. What efforts have been made by the inmate to resolve the complaint informally? To whom has the inmate spoken?
 COUNSELOR McCHAM "B" UNIT
3. What action does the inmate wish to be taken to correct the issue?
 RECOVER MY PROPERTY, "LEGAL DOCUMENT" FROM THE U.S. COURT

Correctional Counselor's Comments (including actual steps taken to resolve):

I have attempted to locate property for you at U.S.P. Canaan on numerous occasions at your request. The Staff there say that they do not have property there for you

[Signature]
 Correctional Counselor Signature

10/23/15
 Date

Staff Circle One:

Informally Resolved

Not Informally Resolved

Unit Manager's Review:

[Signature]
 Unit Manager Signature

10/23/15
 Date

Distribution by Correctional Counselor:

1. If complaint is informally resolved, forward original to Administrative Remedy Clerk for filing.
 2. If complaint is not informally resolved, attach original to BP-9 Form and forward to Administrative Remedy Clerk for processing:

INF. RESOLUTION
 FORM ISSUED
 INMATE

INF. RESOLUTION
 FORM RETURNED TO
 COUNSELOR

BP-9 ISSUED
 TO INMATE

BP-9 RETURNED
 TO COUNSELOR

BP-9 DELIVERED TO
 ADMIN. REMEDY CLERK TO

Date: 10/23/15 10/23/15 _____
 Time: 1030 11:00 _____
 Counselor: MM JMM _____

INMATE REQUEST TO STAFF CDFRM

FEDERAL BUREAU OF PRISONS

BP-A0148

JUNE 10

U.S. DEPARTMENT OF JUSTICE

TO: (Name and Title of Staff Member) <i>Counselor McLean</i>	DATE: <i>10/22/2015</i>
FROM: <i>MONTALBAN JOSE</i>	REGISTER NO.: <i># 11497-179</i>
WORK ASSIGNMENT: <i>NONE</i>	UNIT: <i>B</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*Did you receive a response from USP Canaan pertaining to my property? They've had my property since 2014.
Thank you*

[Signature]
10/22/2015

(Do not write below this line)

DISPOSITION:

I have attempted to locate the legal property that you Claim was left at U.S.P Canaan when you transferred. According to the Staff there, R&D, SHU, and Unit team; there is no property there.

Signature Staff Member <i>M. M.</i>	Date <i>10/23/15</i>
--	-------------------------

Record Copy - File; Copy - Inmate

Prescribed by P5511

PDF

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94

SECTION 6

FILE IN SECTION 6 UNLESS APPROPRIATE FOR ~~Privacy~~ FOLDER

BP-A383, 058

SEP 05

INMATE PERSONAL PROPERTY RECORD CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Institution: <u>COP</u>		1. Name: <u>Montalban Jose</u>	
2. Register No: <u>11497-179</u>		3. Unit: <u>7/13/14 400</u>	
4. Date & Time of Inventory: <u>7/13/14 400</u>		5. Disposition (Disp.)	
Purpose of Inventory (Check one that applies): Date and Time of Action: <u>7/13/14 400</u> a. Admission b. Hospital c. Wait d. Transfer e. Detention f. Release g. Incoming Package h. Other (specify) _____		D-Donated M-Mail S-Storage K-Keep in Possession C-Contraband (Attach BP-S102)	

7. Type of Property:			b. Hygiene, etc.			c. Food/Tobacco Items		
a. Personally Owned Items								
#	Article	Disp.	#	Article	Disp.	#	Article	Disp.
___	Batteries	___	___	Plastic spoon, c.p.	___	___	Chewing tobacco	___
___	Belt	___	___	Playing Cards	___	___	Snuff	___
___	Billfold	___	___	Purse	___	___	Coffee/tea	___
___	Books, Reading	___	___	Radio (w/carplug)	___	___	Cold drink mix, soda	___
___	hard soft	___	___	Religious Medal	___	___	Fruit	___
___	Book w. Religious	___	___	Ring	___	___	Honey, Hi-protein	___
___	hard soft	___	___	Shirt/Blouse	___	___	Instant chocolate	___
___	Brassiere	___	___	Shoes	___	___	Instant coffee	___
___	Cap, Hat	___	___	Shoes, shower	___	___		___
___	Coat	___	___	Shoes, slippers	___	___		___
___	Coins	___	___	Shoes, Tennis	___	___		___
___	Comb	___	___	Shoes	___	___		___
___	Combination Lock	___	___	Skin	___	___		___
___	Dress	___	___	Sip	___	___		___
___	Driver's License	___	___	Social Security Card	___	___		___
___	Earpiece	___	___	Socks	___	___		___
___	Eyeglass case	___	___	Socks, Athletic	___	___		___
___	Eyeglasses	___	___	Sunglasses	___	___		___
___	Gloves	___	___	Sweater	___	___		___
___	Hairbrush/Pick	___	___	Sweat pant	___	___		___
___	Handkerchief	___	___	Sweat shirt	___	___		___
___	Jackie	___	___	Trophy	___	___		___
___	Jogging Suit	___	___	T-shirt	___	___		___
___	Legal Material	___	___	Underwear	___	___		___
___	Letters	___	___	Watch/Watchband	___	___		___
___	Magazines	___	___		___	___		___
___	Mirror	___	___		___	___		___
___	Nail Clippers	___	___		___	___		___
___	Pants/Slacks	___	___		___	___		___
___	Pen/Ballpoint	___	___		___	___		___
___	Pencils	___	___		___	___		___
___	Personal Papers	___	___		___	___		___
___	Photo Album	___	___		___	___		___
___	Photo	___	___		___	___		___

8. Items Alleged by Inmate to Have Value Over \$100.00

Description of Property

Value Alleged by Inmate

No individual item over \$100.00

9. Article(s) listed as "Mail" (M) Are to be forwarded to (Name and Address of Consignee):

10. Claim Release: a. The receiving officer, as soon after receipt of the property as possible, will review the inventory with the inmate to verify its accuracy. Property that is stored, kept in possession of the inmate, mailed out of the institution, or donated is to be marked in the appropriate section of this inventory form. The receiving officer certifies receipt, review and disposition of the property by signing below. The inmate by signing below certifies the accuracy of the inventory, except as noted on the form, relinquishing of all claim to articles listed as donated; receipt of all allowable items, and receipt of a copy of the inventory. When the inmate claims a discrepancy in the inventory, the receiving officer shall attempt to resolve the discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under COMMENTS.

COMMENTS:

Printed Name/Signature of Receiving Officer: W.C. 103 / W.C.Date: 7/13/14Time: 400

I have today reviewed the property returned to me.

Signature of Inmate: [Signature]Register # 11497-179Date: 7/13/14Time: 400

b. Upon release of the inmate from the unit, detention, etc., the releasing officer is to give the inmate that property stored as a result of the inmate's housing. The inmate certifies release of the property, except as noted on this form, and receipt of a copy of the inventory by signing below. When the inmate claims a discrepancy in the inventory, the releasing officer shall attempt to resolve the discrepancy. If the inmate states that there is missing or damaged property, this information should be noted under COMMENTS.

COMMENTS:

Printed Name/Signature of Receiving Officer: _____

Date: _____

Time: _____

I have today reviewed the property returned to me.

Register # _____

Date: _____

Time: _____

11497-179

Jose Montalben
P.O. Box 1033/K-Unit
Usp-1 Federalcorrectionalcomplex
Coleman, FL 33521
United States

RECEIVED
SCRANTON

FEB 05 2018

PER

DEPUTY CLERK

OFFICE OF CLERK

11497-179

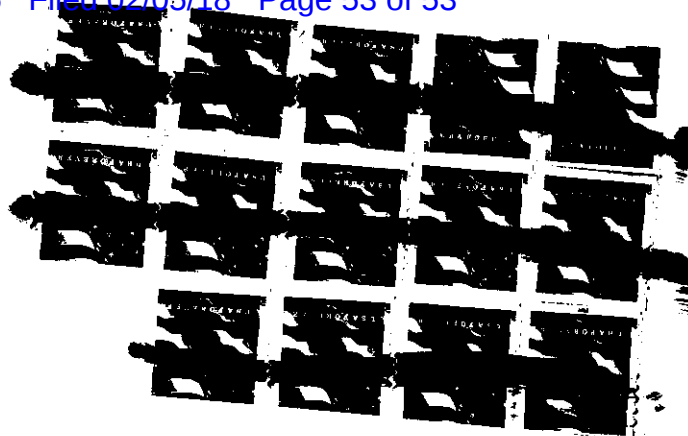
United S Corthouse
Williamjnealcn/Fed.Biuld.
235 N Washington AVE
U.S. Courthouse/P.O.Box1148
Scranton, PA 18501
United States:

LEGAL MAIL

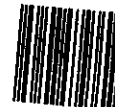
CERTIFIED MAIL



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